

ALABAMA BOARD OF COSMETOLOGY

RSA Union Building 100 N. Union Street, Suite 320 P. O. Box 301750 Montgomery, AL 36130-1750

334-242-1918 Office 800-815-7453 toll free 334-242-1926 Fax www.aboc.state.al.us

Complaint Form

| Date Filed | | |
|---|------------|---|
| Complainant (alleging violation) | VS. | Respondent (alleged violator) |
| Complainant (alleging violation) | | rrespondent (alleged violator) |
| Street Address | | Street Address |
| City, State, Zip Code | | City, State, Zip Code |
| () Home Phone Number | | () Home Phone Number |
| Have you consulted an attorney? Ye | es | No |
| If yes , please provide the following: | | |
| Name of Attorney | | |
| AddressStreet Address | | |
| Street Address | City, S | State, Zip Code |
| Phone Number () | | |
| Are you licensed by this State Board | ? Yes | No |
| I affirm that I have provided the ab of my knowledge. | ove infori | mation completely and truthfully to the bes |
| Complainant Signature: | | Date |

Complaint Description

| (Give a complete statement of the facts with dates. Add additional sheets if necessary. Also attach copies of all documents that will support your allegations. You should retain originals |
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Revised 04/04. Replaces all previous forms.